MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05967

5959 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 632 Washington Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M (Last) Athey

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 17, 1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): conductor

10B. KIND OF BUSINESS OR INDUSTRY: W. Md. R.R.

11. BIRTHPLACE (State or foreign country): Middleway, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank P. Athey

14. MOTHER'S MAIDEN NAME: Anna P. Hommer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-7978

17. INFORMANT & ADDRESS: Mrs. Ida M. Athey Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Arteriosclerosis

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) None (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 6, 19.., to June 22, 19.., that I last saw the deceased alive on June 22, 19.., and that death occurred at 6:10 AM from the causes and on the date stated above.

SIGNATURE J. H. Beachley M. D. ADDRESS Hagerstown, Md. DATE SIGNED June 24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-25-55 | NAME OF CEMETERY OR CREMATORY Rest Haven | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 23, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05968

CERTIFICATE OF DEATH

5960

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown Md.
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 311 N Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland 03
STREET ADDRESS (If rural give location) 311 N Potomac Street.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Bell

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 21 1903

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Air Craft

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Bell

14. MOTHER'S MAIDEN NAME: Mattie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-0747

17. INFORMANT & ADDRESS: Mrs Carrie Bell 311 N Potomac St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — 3 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardiovascular Disease — 3 years

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1955 to June 3, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 10:35 A M. (DST) from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 6-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-6-1955 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR June 6, 1955 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR ADDRESS John R Watson & Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05969

5961 Dr E.W.Dotto Jr.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 11 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 520 Summit Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 520 Summit Ave

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) ELMIRA (Last) BENNETT

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 16 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mercersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William I. Stenger

14. MOTHER'S MAIDEN NAME: Melissa Mummert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Henry C Bennett

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 5 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-[illegible], 19..., to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 6:? M, from the causes and on the date stated above.

SIGNATURE L. W Dotto M.D. ADDRESS Hagerstown Md DATE SIGNED 6/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/22/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 21, 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 059710

6902

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural Boonsboro
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Boonsboro X
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) Lawrence (Last) Bentz

4. DATE OF DEATH: (Month) (Day) (Year) June 24, 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: March 1, 1879

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): secretary

10B. KIND OF BUSINESS OR INDUSTRY: game conservation

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allen Bentz

14. MOTHER'S MAIDEN NAME: Alice Elkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Ida Mae Bentz, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Vascular Accident 1 Day

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to June 24, 1955, that I last saw the deceased alive on June 23, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Louis S. Grell M. D. ADDRESS 119 E Antietam DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 6-26-55 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR June 25/1955 — REGISTRAR'S SIGNATURE John A. Bard.

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05971

: 6903

CERTIFICATE OF DEATH

Reg. Dist. No. 30 1

1. PLACE OF DEATH:
COUNTY Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport X
LENGTH OF STAY (in this place) 3 Months 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Days 03
STREET ADDRESS (If rural give location) Pangborn Blvd. 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Brewer

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955 7:45 A.M.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Dec 15, 1875

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hag. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Fennel

14. MOTHER'S MAIDEN NAME: Carrie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT & ADDRESS: Rebekah Stonebraker, Pangborn Blvd., Hag., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (422.1) (a) arterio sclerotic mycordial heart disease — Interval Between Onset And Death: 10yrs

DUE TO (b) with myocardial failure grade iV

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (904.9) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured (closed) neck left femur Jan. 11 '55

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,19 48, to June , 19 55, that I last saw the deceased alive on Mar 6, 1955, and that death occurred at 7:45 A.M. 6-23-55, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Robert Wells, M.D. ADDRESS 115 N. Potomac Street-Hag. Md DATE SIGNED 6-24-55

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 6-25-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 25, 1955

REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

05972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

5962 Dr Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 West Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 424 West Washington St.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) JOSEPH (Last) BUBIL

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feby 2 1892

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Wash. county Hospitl

11. BIRTHPLACE (State or foreign country): Scranton Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Bubil

14. MOTHER'S MAIDEN NAME: Anna Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) W.W.#1 W.W.#2 Korean Conflict

16. SOCIAL SECURITY NO. 188-01-8090

17. INFORMANT & ADDRESS. Mrs Esther R. Bubil

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 IMMEDIATE CAUSE (A) Coronary Occlusion (Myocardial infarction) — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO 2nd attack 6 mos ago 3rd attack 2 days ago

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to 4 June, 1955, that I last saw the deceased alive on 4 June, 1955, and that death occurred at 5:03 A M, from the causes and on the date stated above.

SIGNATURE F F Lusby M.D. ADDRESS 230 N Potomac DATE SIGNED 5/Jun 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/7/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR June 7, 1955
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05973

5963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 37 Madison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 37 Madison Ave 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Albert (Last) Burger

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 13 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adam Burger

14. MOTHER'S MAIDEN NAME: Minnie Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-4740

17. INFORMANT & ADDRESS: Belle M. Burger 37 Madison Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 yr. 8 mos.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis 2

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal Bronchopneumonia — 3 weeks

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1954, to June 24 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

SIGNATURE K. A. Bell ADDRESS M. D. Hagerstown, Md. DATE SIGNED June 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/29/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 28, 1955 — REGISTRAR'S SIGNATURE Edward H. Bowers

24. FUNERAL DIRECTOR — ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05974

5964

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown Rural
LENGTH OF STAY (in this place) 5 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) R.F.D. # 4

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Clark

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 3, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 6 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Yard Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): East Corinth M.E.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Clark

14. MOTHER'S MAIDEN NAME: Margaret Merryfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs. Hogue Lucas Hagerstown R.F.D. #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 18 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) metastasis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized 25 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14/55, to 6/15/55, that I last saw the deceased alive on 6/14/55, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edward W. Hoe III M.D. ADDRESS 217 W. Washington St. DATE SIGNED 6/15/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/18/55 — NAME OF CEMETERY OR CREMATORY Rosedale Martinsburg W.Va. — LOCATION (City, town, or county) Martinsburg (State) W.Va.

DATE REC'D BY LOCAL REG. June 15-1955 — REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR Howard K. Brown — ADDRESS Martinsburg W. Va.

June 17, 1955 Recd from Mrs McElroy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05975

5965

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 55 VALE ST.

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) PRESTON (Last) CLARK-11

4. DATE OF DEATH (Month) JUNE (Day) 26 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: JUNE 25 1955
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 20 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WASH. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLARENCE CLARK
14. MOTHER'S MAIDEN NAME: BETTY LININGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: CLARENCE H. CLARK 55 VALE ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
762.0 IMMEDIATE CAUSE	(A) Atelectasis Congenital	1 day.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hyaline membrane of lung -	1 day
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1955, to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 4-30 P-M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hagerstown Md DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF JUNE 27-1955
NAME OF CEMETERY OR CREMATORY ST. PAULS - CEMETERY
LOCATION (City, town, or county) (State) NEAR CLEARSPRING - WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR JUNE 27, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. BAST AND SONS
ADDRESS BOONSBORO RD MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

6704 05976

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 342

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 E. Green St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) 201 E. Green St.

3. NAME OF DECEASED: (Type or Print) (First) Rexford (Middle) Hershey (Last) Cross
4. DATE OF DEATH (Month) June (Day) 1 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 10, 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Fairplay Md.	

13. FATHER'S NAME: Lewis Cross
14. MOTHER'S MAIDEN NAME: Estelle Clagget

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	-------	Mrs. Mary K. Cross Funkstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 4201	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) acute coronary thrombosis	24hrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Robert Nelly M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 6-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-3-55	St. Pauls Cemetery	Near Clearspring Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-2-55	[illegible]	Scott F. Minnich & Son	Hag. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

05977

5966

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
LENGTH OF STAY (in this place): 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 322 Elizabeth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
STREET ADDRESS (If rural, give location): 322 Elizabeth Ave

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) OTTO (Last) CULLISON

4. DATE OF DEATH (Month) (Day) (Year): June 8 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 26 1903

9. AGE last birthday: 51 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman W.M.R.R. Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carrollton Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cullison

14. MOTHER'S MAIDEN NAME: Frances Sprankle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: 214-09-3578

17. INFORMANT AND ADDRESS: Mrs Ruth Cullison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Epilepsy, grand mal — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to 8 June, 1955, that I last saw the deceased alive on 8 June, 1955, and that death occurred at 12:3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Allie Hoak M.D. — ADDRESS: Williamsport Md. — DATE SIGNED: 8 June 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/10/55 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: June 10 1955 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

Certified copy issued 5987
S. Robert Wells D.H.E.
6-30-55 M.D. Wash Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05978

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 103 East Howard Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 103 East Howard Street 1

3. NAME OF DECEASED: (Type or Print) (First) FRANKLIN (Middle) HAYS (Last) DELAUNEY

4. DATE OF DEATH. (Month) June (Day) 27 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: November 27, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 7 | Days 0 | IF UNDER 24 HRS.: Hours | Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter

10B. KIND OF BUSINESS OR INDUSTRY: Western Maryland R.R.

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Delauney

14. MOTHER'S MAIDEN NAME: Catherine A. Painter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: 705-10-6185

17. INFORMANT & ADDRESS: Mr. Kenneth Hartle Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 5-10 min
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Generalized Arteriosclerosis — 25 yr.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1955, to June 27, 1955, that I last saw the deceased alive on Dead on arrive, 19, and that death occurred at 8:00 P M, from the causes and on the date stated above.

SIGNATURE Edward W. Dillon III M.D. ADDRESS 217 W. Washington DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 6/30/55 | NAME OF CEMETERY OR CREMATORY: Mt. View Cwmwtery | LOCATION (City, town, or county) (State): Sharpsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 29, 1955 | REGISTRAR'S SIGNATURE: Johash Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05979

6005

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown Rural
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 337 W. Washington St.,

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) (Last) Everly

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1955

5. SEX female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Sept. 13, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home duties

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah Everly

14. MOTHER'S MAIDEN NAME: Emma Oster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Miss Nellie R. Small Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345X IMMEDIATE CAUSE (A) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterial Sclerosis — 5 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 1952 to June 20, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE, M. D. David R. Brewer ADDRESS Clear Spring Md. DATE SIGNED 6/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-22-55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 21-55 — REGISTRAR'S SIGNATURE Leroy M. Fochler Deputy.

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05980

5963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle
STREET ADDRESS (If rural, give location) 27 S. Carlisle St.

3. NAME OF DECEASED: (First) Ella (Middle) Lucie (Last) Flaherty

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/21/1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Syracuse, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Morrison

14. MOTHER'S MAIDEN NAME: Esther Mundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles E. Flaherty - Greencastle, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Adeno carcinoma of Breast — Interval Between Onset and Death: 3 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/9/53

19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4 1955 to 6/5 1955, that I last saw the deceased alive on 6/5 1955 and that death occurred at 10:35 P. m., from the causes and on the date stated above.

SIGNATURE Geo. Bates — DEGREE OR TITLE M.D. — ADDRESS Greencastle Pa — DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF June 5 1955 — NAME OF CEMETERY OR CREMATORY Green-Mount — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. June 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR A. E. Minnich — ADDRESS Greencastle Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05981

5969

CERTIFICATE OF DEATH

Dr. Hoffman

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (In this place) 31 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Dewey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural give location) 810 Dewey Ave.

3. NAME OF DECEASED: (Type or Print) (First) FLAVIA (Middle) FANETTA (Last) FUNK

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov. 3, 1876

9. AGE last birthday 78 yrs.

IF UNDER 1 YEAR, Months Days

IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chewsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Funk

14. MOTHER'S MAIDEN NAME: Annie V. Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

(If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: J. Keiffer Funk

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis - Generalized — yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid Arthritis — 10 + yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1955 to June 1, 1955 that I last saw the deceased alive on June 1, 1955, and that death occurred at 7:10 M, from the causes and on the date stated above.

SIGNATURE Paul A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-3-55

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR June 3, 1955

REGISTRAR'S SIGNATURE Chas. H. Rowers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05982

6706 **CERTIFICATE OF DEATH**

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Clear Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cumberland St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring X
STREET ADDRESS (If rural give location) Cumberland St.

3. NAME OF DECEASED: (Type or Print) Robert (First) Lee (Middle) Funkhouser (Last)

4. DATE OF DEATH: June 11, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 5, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Variety Store

11. BIRTHPLACE (State or foreign country): Indian Springs, Disc.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Godfrey Funkhouser

14. MOTHER'S MAIDEN NAME: Mary Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Robert Funkhouser Clspg. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X
IMMEDIATE CAUSE (A) Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arterial Sclerosis — 5 yrs.
260 X
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Diabetes Mellitus — 5 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to June 11, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 9.9, M, from the causes and on the date stated above.
SIGNATURE David R Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 6/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 13, 1955
NAME OF CEMETERY OR CREMATORY: Blairs Valley Cem.
LOCATION (City, town, or county) (State): Blairs Valley Md.

DATE REC'D BY LOCAL REGISTRAR: June 13-1955
REGISTRAR'S SIGNATURE: Joseph W. Murray
24. FUNERAL DIRECTOR ADDRESS: Adrain H. Rowland.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05983

5970

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 20 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural give location) SHARPSBURG - MD. R. 1

3. NAME OF DECEASED: (Type or Print) (First) NANNIE (Middle) (Last) CATRELL

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH. SEPT. 25 - 1893

9. AGE last birthday 61 - 8 - 22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BERRYVILLE VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD WRITT

14. MOTHER'S MAIDEN NAME: ANNIE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: JOHN H. CATRELL SHARPSBURG MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14/55 to 6/16/55, that I last saw the deceased alive on 6/16/55, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE Howard A. Weddle M.D. ADDRESS 100 W. Potomac Hagerstown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — **DATE THEREOF:** JUNE - 20-1955 — **NAME OF CEMETERY OR CREMATORY:** MOUNTAIN VIEW CEMETERY — **LOCATION** (City, town, or county) (State): SHARPSBURG WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: JUNE 18.1955 — **REGISTRAR'S SIGNATURE:** Chas. F. Bowers

24. FUNERAL DIRECTOR — **ADDRESS:** WM. F. BAST AND SONS BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5971

CERTIFICATE OF DEATH

Dr. Hoffman

05984

Reg. Dist. No. .. 302.....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1324 Potomac Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) YETTA (Middle) * * * * (Last) GRANET

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 21, 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephriam Galutem

14. MOTHER'S MAIDEN NAME: Sylvia Galutem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Samuel Granet

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Embolus to abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Arteriosclerotic Heart Disease — 4 yrs +

DUE TO

(C) Diabetes Mellitus — 4 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ., 1954 to June 20 1955 that I last saw the deceased alive on June 20, 1955, and that death occurred at 6:40 PM, from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M.D. ADDRESS 214 N. Potomac st. Hagerstown, Md. DATE SIGNED 6/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-21-55

NAME OF CEMETERY OR CREMATORY B'Nai Abraham Cem.

LOCATION (City, town, or County) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 20 1955

REGISTRAR'S SIGNATURE Elias H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

05985

MARYLAND 6907

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

DR. DONALD MCINTOSH.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X YARROWSBURG - RURAL
LENGTH OF STAY (in this place): 20 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KNOXVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: YARROWSBURG - RURAL X
STREET ADDRESS (If rural, give location): KNOXVILLE MD. R1

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) FRANK (Last) HARMON

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 1 1897

9. AGE last birthday: 58 - 2 - 23 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10b. KIND OF BUSINESS OR INDUSTRY: OWN SHOP

11. BIRTHPLACE (State or foreign country): MARTINSBURG W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK HARMON

14. MOTHER'S MAIDEN NAME: EMMA KIDWILER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 216-10-5391

17. INFORMANT AND ADDRESS: MRS. ETTA L. HARMON KNOXVILLE MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a): Carcinoma, colon — INTERVAL BETWEEN ONSET AND DEATH: 14 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 6, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma, colon, with metastatic spread.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to June 24, 19 55, that I last saw the deceased alive on June 23, 19 55, and that death occurred at 2:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald K. McIntyre, MD — ADDRESS: 206 W. Liberty St., Charlestown, W.Va. — DATE SIGNED: June 24, 1955

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: JUNE-26-1955 — NAME OF CEMETERY OR CREMATORY: CHURCH OF THE BRETHREN CEMETERY - BROWNSVILLE MD.

DATE REC'D BY LOCAL REG.: June 26 1955 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: WM. F. BAST AND SONS BOONSBORO WASH. CO. MD

337

6908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05986

CERTIFICATE OF DEATH

Reg. Dist. No. 303

Item 14, Film G182 6-14-55 e t

1. PLACE OF DEATH

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural Big Spring

LENGTH OF STAY (in this place): 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence- Charlton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Big Spring

STREET ADDRESS (If rural give location): Charlton Road

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Rebecca (Last) Hawbaker

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	June 18, 1875	79 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Duties		Wash. Co., Md.	U S A

13. FATHER'S NAME: Jackson Forsythe

14. MOTHER'S MAIDEN NAME: Susanna Brash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		None	Mrs. Roy Myers- Big Spring, Md. R D

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

IMMEDIATE CAUSE (A) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterial Sclerosis — 6 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1955, to June 2, 1955 that I last saw the deceased alive on June 1, 1955, and that death occurred at 5.15 P.M., from the causes and on the date stated above.

SIGNATURE M. D. David R Brewer — ADDRESS Clear Spring Md. — DATE SIGNED 6/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4-55	St. Paul's Cemetery	Clear Spring, Md. Route 40 E

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3-1955	Joseph W. Murray Local	Abram H. Rowland	Clear Spring, Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05987

5972

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural give location) N. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) HERSHBERGER

4. DATE OF DEATH. (Month) (Day) (Year) JUNE - 1 - 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH. JUNE - 1 - 1898
9. AGE last birthday 57-0-0 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POST MASTER
10B. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE
11. BIRTHPLACE (State or foreign country): FREDERICK FRED. Co. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HERSHBERGER SR.
14. MOTHER'S MAIDEN NAME: MAY HOOPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. MARY M. HERSHBERGER BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE 420.1
(A) Death coronary occlusion
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B)
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 2 wks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive vascular disease ? 2-3 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1955, to 6/1, 1955, that I last saw the deceased alive on 6/1, 1955, and that death occurred at 5:10 P.M., from the causes and on the date stated above.
SIGNATURE John H Hornbaker M.D.
ADDRESS 154 W. Washington St. Hagerstown Md.
DATE SIGNED 6/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): ENTOMBMENT
DATE THEREOF: JUNE-5-1955
NAME OF CEMETERY OR CREMATORY: BOONSBORO MAUSOLEUM
LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: June 4 1955
REGISTRAR'S SIGNATURE: C Mast Bowers
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Hornbaker 154 W. Washington St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05988

6309

CERTIFICATE OF DEATH

Reg. Dist. No. 3rd

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL-Dam #4 Near Downsville
LENGTH OF STAY (in this place) 12YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg RFD#1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dam #4 Near RURAL-Downsville X
STREET ADDRESS (If rural give location) Sharpsburg RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Rosie (Middle) Clipp (Last) Jamison

4. DATE OF DEATH. (Month) June (Day) 9 (Year) 1955

5. SEX Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed 8. DATE OF BIRTH: March 21, 1875 9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Clipp
14. MOTHER'S MAIDEN NAME: Sarah A. Clipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: David Jamison Near Downsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive arteriosclerotic cardio-vascular disease — 5 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 , to 6/8 , 19 55 that I last saw the deceased alive on 6/8/55 , 19 , and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE Walter H. Sheely, M. D. ADDRESS Sharpsburg, Md. DATE SIGNED 6/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 12, 1955
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 6-9-1955
REGISTRAR'S SIGNATURE C. W. Singer
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05989

5973

CERTIFICATE OF DEATH

Dr Lloyd Hoffman

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) ANNABEL (Last) JOHNSTON

4. DATE OF DEATH: (Month) (Day) (Year) June 29 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 21 1899
9. AGE last birthday 55 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Wilson College
11. BIRTHPLACE (State or foreign country): Maugansville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel W. Johnston
14. MOTHER'S MAIDEN NAME: Nettie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Mrs Nettie J. Johnston

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSE (B) DUE TO Carcinoma of breast — 5yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954 to June 29 1955, that I last saw the deceased alive on June 29 1955, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURF Lloyd A. Hoffman M. D. ADDRESS 214 N. Potomac st. Hagerstown, md. DATE SIGNED 6/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE TYREOF 7/1/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR July 1. 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05990

5974

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location) 10x-2

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Ester (Last) Kepler

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 2-18-1897 | 9. AGE last birthday 58 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Haulan A. Schildknecht

14. MOTHER'S MAIDEN NAME: Catharine A. Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Daniel Kepler Middletown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSE (B) DUE TO Carcinoma cervix ? metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955 to June 10, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 9:00 P M, from the causes and on the date stated above.

SIGNATURE Emma M. C. Wilson M. D. ADDRESS Hagerstown Md. DATE SIGNED June 11, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-13-55 | NAME OF CEMETERY OR CREMATORY Lutheran Cem. | LOCATION (City, town or county) (State) Middletown Md.

DATE REC'D BY LOCAL REGISTRAR June 12, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Eichhill Co. | ADDRESS Middletown, Md.

05991

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5975 **CERTIFICATE OF DEATH** Dr Lusby Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 W sh. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagers own 03
STREET ADDRESS (If rural give location) 417 So. Potomac St. 1

3. NAME OF DECEASED: (Type or Print) (First) DAISY (Middle) VIRGINIA (Last) KNIGHT

4. DATE OF DEATH: (Month) (Day) (Year) June 15 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: June 2 1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator

10B. KIND OF BUSINESS OR INDUSTRY: Shirt Factory

11. BIRTHPLACE (State or foreign country): Rippon W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Knight

14. MOTHER'S MAIDEN NAME: Margaret E. Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-1287.

17. INFORMANT & ADDRESS: Mrs Margaret E. Knight

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 X IMMEDIATE CAUSE (A) Adeno-Carcinoma Ovaries with

ANTECEDENT CAUSE (S) DUE TO generalized Metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH 3 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1951, 1952; 1953; 1954

19B. MAJOR FINDINGS OF OPERATION Adeno Carcinoma ovaries, spread to bladder, bowel + liver

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 June, 1955, to 15 June, 1955, that I last saw the deceased alive on 14 June, 1955, and that death occurred at 210 A M, from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 17 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6/ 17/55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR June 17, 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05992

6910

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Clear Spring
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Charlton Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Clear Spring, md.
STREET ADDRESS (If rural, give location) Charlton Road

3. NAME OF DECEASED. (Type or Print) (First) Maggie (Middle) Kuhn (Last)

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8 DATE OF BIRTH: July 18, 1876 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Washington, D. C. | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Bruce L. Mason- Big Spring, Md. R D

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 IMMEDIATE CAUSE (A) Chr. Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Arterial Sclerosis — 5 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25 1955 to June 6, 1955 that I last saw the deceased alive on June 5, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE David P. Brewer M.D ADDRESS Clear Spring Md DATE SIGNED 6/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 9, 1955	Pinesburg Mennonite Cem.	Pinesburg, Md.

DATE REC'D BY LOCAL REGISTRAR: JUN 8-1955 | REGISTRAR'S SIGNATURE: Joseph W. Murray | 24. FUNERAL DIRECTOR: Adrian A. Rowland | ADDRESS: Clear Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05993

5976 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 650 Oak Hill Ave.

3. NAME OF DECEASED: (First) JAMES (Middle) C. (Last) MAC ROBERT Jr.

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1955

5. SEX Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH February 19, 1904

9. AGE last birthday 51 yr. IF UNDER 1 YEAR, Months 3 Days 16 IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Freight Agent

10B. KIND OF BUSINESS OR INDUSTRY: Penna. R. R.

11. BIRTHPLACE (State or foreign country) Wilmington, Deleware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Mac Robert Sr.

14. MOTHER'S MAIDEN NAME: Margaret Marrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 716-01-7612

17. INFORMANT & ADDRESS: Mrs. Marjorie B. Mac Robert Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 5491 (A) Gastric Ulcer — INTERVAL BETWEEN ONSET AND DEATH 9 yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6/3/55 — 19B. MAJOR FINDINGS OF OPERATION: Gastric Ulcer - Resection + Anastomosis

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory) OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 19 , to 6/5, 1955, that I last saw the deceased alive on 6/5, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE Martin M. Kelly M. D. ADDRESS Hagerstown DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/9/55 — NAME OF CEMETERY OR CREMATORY Silverbrook Cemetery — LOCATION (City, town, or county) (State) Wilmington Deleware

DATE REC'D BY LOCAL REGISTRAR June 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Mc Crery Funeral Home — ADDRESS Wilmington, Del.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05994

5977 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) R 1

3. NAME OF DECEASED: (First) Alta (Middle) M. (Last) Main
4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 10-5-1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis C. Flook
14. MOTHER'S MAIDEN NAME: Ellen Hetnight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
16. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS. Charles V. Main Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary thrombosis	6 mos
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis, General	20 yrs
	(C) Gangrene Leg	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal pneumonia — 1 wk

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1955, to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 1 45/60 M, from the causes and on the date stated above.

SIGNATURE Edward W. Otto III M.D. ADDRESS 217 W. Washington St. DATE SIGNED 6/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-18-1955
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 17, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Gladhill Co.
ADDRESS Middletown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05995

5978 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 East Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 130 East Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Main

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 10-7-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Loys Station, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry A Hinea

14. MOTHER'S MAIDEN NAME: Amanda E RouTzahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS. Harry C Main Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.A.O.

IMMEDIATE CAUSE (A) Arterio Sclerotic Heart Disease with acute myocardial failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5yr +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955, to June 11, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 8:10 P M, from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 13 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-14-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 13, 1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Linnich & Son Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

5979

05996

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Avon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 209 Avon Ave.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LEE (Last) MARPEL

4. DATE OF DEATH (Month) June (Day) 2, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 28, 1909

9. AGE Last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Engineer

10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Arthur H. Marpel

14. MOTHER'S MAIDEN NAME: Camilla Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: 700-10-7755

17. INFORMANT & ADDRESS: Mrs. Mary L. Marpel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Gun shot wound into head with avulsion of brain tissue and top of skull (.22gauge)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY At home

21c. (City or town) Hagerstown (County) Washington (State) Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/ 2/ 55 2:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Deceased shot delf with shot gun (.22)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-4-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. June 4 1955

REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05997

5980

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 Martin Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 12
STREET ADDRESS (If rural give location) 1722 Virginia Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L (Last) McCahan

4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 3, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY: R.R. Engineer

11. BIRTHPLACE (State or foreign country): Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Carrie McCahan Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Vascular Disease 5 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-55, 19[illegible] to 6-19-55, 19[illegible], that I last saw the deceased alive on 6-17, 19[illegible], and that death occurred at 1:A M, June 19, from the causes and on the date stated above.

SIGNATURE L. W. Kraiss M.D. ADDRESS Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 6-21-55 — NAME OF CEMETERY OR CREMATORY East Harrisburg — LOCATION (City, town, or county) (State) Harrisburg, Pa.

DATE REC'D BY LOCAL REGISTRAR June 20, 1955 — REGISTRAR'S SIGNATURE [illegible]

24 FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05998

5981 CERTIFICATE OF DEATH Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 909 Hamilton Blvd

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) Firey (Last) Miller
4. DATE OF DEATH. (Month) 6 (Day) 17 (Year) 1955
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH. October 16, 1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastor
10B. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (State or foreign country) Clearspring, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Victor Miller
14. MOTHER'S MAIDEN NAME. Mary C. Spickler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO None
17. INFORMANT & ADDRESS Miss Matilda K. Miller Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Arteriosclerosis Generalized 10 yrs

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 0
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) —
21C WHERE DID INJURY OCCUR? (City or town) (County) (State) —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0
21E INJURY OCCURRED While at work 0 Not while at work ☐
21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from June 1, 1954 to 6/17, 1955, that I last saw the deceased alive on 6/16—, 1955, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. Victor D. Miller 131 West Washington St Hag Md
DATE SIGNED 6/17 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-20-55
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) (State) (near) Clearspring, Md.

DATE REC'D BY LOCAL REGISTRAR June 23. 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05999

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5982 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 122 W. Bethel Street.

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Cecelia (Last) Miller

4. DATE OF DEATH. (Month) June (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 2 189D

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Martha Mayhoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Mattie Curry 122 W. Bethel St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4300 (A) Cardiovascular Collapse — Minutes.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — yrs.

(C) DUE TO Arteriosclerosis — yrs.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to June, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 5:10 PM, from the causes and on the date stated above.

SIGNATURE Louis E. Smith M. D. ADDRESS 119 E. Antietam St. DATE SIGNED 6-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-30-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR June 29, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24 FUNERAL DIRECTOR John R Watson jr ADDRESS Hagerstown Md.

06000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Hoffman

Reg. Dist. No. 302

5983

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 900 The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 900 The Terrece

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) RACHEL DENNISTON MILLER

4. DATE OF DEATH: (Month) (Day) (Year) June 2 1955

5. SEX: FEMale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 14, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pittsburgh, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Major Joseph F. Denniston

14. MOTHER'S MAIDEN NAME: Nannie C. Boult

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Homer L. Miller

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterio sclerosis — 3 yrs. +

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1954 to June 2, 1955 that I last saw the deceased alive on June 2, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE Chas A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 6-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 6-4-55; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 2, 1955; REGISTRAR'S SIGNATURE Ethel Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5984 MARYLAND STATE DEPARTMENT OF HEALTH 06001

2411 N. Charles Street, Baltimore

Item 21 Film G183 7-1-55 ams

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lena
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nancy	C.	Muck	JUNE	17	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	7-8-1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	MT. LENA WASH. Co. MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HARSHMAN	JENNIE WINDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	NONE	MRS. CHARLES COSENS BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
26 Immediate cause (a) Obstruction to airway due to aspiration of vomitus	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia	8 days
(c) Hypertensive-cardiovascular-renal disease	7 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No injury in				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 9, 1955, to June 17, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 8:15 DST pm., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W T Layman M.D.	5 Public Square, Hagerstown	June 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JUNE 20 1955	MT. LENA CEMETERY	MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 18, 1955	Paul H. Bowers	WM. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06002

5985 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 02 Hagerstown
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-1 Hancock Md. X
STREET ADDRESS (If rural give location) Rural-1 Hancock Md. 1

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) May (Last) Munson
4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 19 55
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 6.1905
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months 2 Days 7 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Harpers Ferry W.V.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fountain Jackson
14. MOTHER'S MAIDEN NAME: Lacy Goldaburough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Theordore Munson Rural 1 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 410 X (a) Arterial Embolization, Multiple — 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease with Mitral Stenosis,
DUE TO (c) Insufficiency, Aur. Fibrillation, Cl. IV — 40 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity, Anemia & Excessive Load — 30 yrs

19a. DATE OF OPERATION: 6/12/55
19b. MAJOR FINDINGS OF OPERATION Thrombi in Iliac Arteries
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1955, to 6/13, 1955, that I last saw the deceased alive on 6/13, 1955, and that death occurred at 11:0 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dallas M. Welty M.D. Hagerstown 6/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6.16.55
NAME OF CEMETERY OR CREMATORY House of Jacob Cemetery
LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE RECD BY LOCAL REGISTRAR June 15, 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Howard F Hawbaker Hancock Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06003

5986

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 1 HOUR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 20 COFFMAN AVE.

3. NAME OF DECEASED: (First) HAROLD - (Middle) ROBERT (Last) PAYSON

4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY-11-1888

9. AGE last birthday: 67-1-3 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: THUMMA MOTOR CO

11. BIRTHPLACE (State or foreign country): LOVETTSVILLE VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN S. PAYSON

14. MOTHER'S MAIDEN NAME: VIRGINIA McNEALLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-2569

17. INFORMANT & ADDRESS. MRS. ANNA S. PAYSON. 20 COFFMAN AVE. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis, generalized — indef.

26JX

(C) — indef

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus, Peripheral vascular disease — indef

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1955, to 6-14, 1955, that I last saw the deceased alive on 6-11, 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE Robert T. Leader M. D. ADDRESS Hagerstown DATE SIGNED 6-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: JUNE 17. 1955

NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY

LOCATION (City, town, or county) (State): BOONSBORO MD

DATE REC'D BY LOCAL REGISTRAR: JUNE 16, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS

ADDRESS: BOONSBORO MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06004

5987

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Keedysville, Maryland
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Earlene (Middle) Dale (Last) Poffenburger

4. DATE OF DEATH (Month) June (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: June 16, 1955

9. AGE last birthday IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS Hours Min. yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leonard Poffenburger

14. MOTHER'S MAIDEN NAME Rebecca Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Leonard Poffenburger Keedysville, Md.

18. MEDICAL CERTIFICATION

CONDITIONS DIRECTLY LEADING TO DEATH

763.0 IMMEDIATE CAUSE (A) DUE TO Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Aspiration pneumonitis — 48 hours

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Congenital heart & vascular defect interventricular septal — All of life

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1955 to June 20 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE L L Packer Jr. M.D. ADDRESS Hagerstown, Md DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/22/55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 — REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons. ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06005

5988 **CERTIFICATE OF DEATH** Dr Lloyd Hoffman Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 7 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 325 Bryan Place

3. NAME OF DECEASED: (Type or Print) (First) JESSIE (Middle) MAY (Last) POTTERFIELD

4. DATE OF DEATH: (Month) (Day) (Year) June 30 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 28 1878
9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chambersburg Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Menaris Hummelsine
14. MOTHER'S MAIDEN NAME: Mary Simmers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Ulysses G. Potterfield

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — 6 yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 1949, to June 30 1955 that I last saw the deceased alive on June 30, 1955, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/2/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1955
REGISTRAR'S SIGNATURE Ethel K. Rowland

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06006

5989 CERTIFICATE OF DEATH Reg. Dist. No. B02

PLEASE TYPE OR WRITE PLAINLY WITH INDELIBLE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1305 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1305 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) Earl (Last) Provard

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1955

5 SEX male | 6 COLOR OR RACE: white | 7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8 DATE OF BIRTH March 27, 1898 | 9. AGE last birthday 57 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman | 10B KIND OF BUSINESS OR INDUSTRY: real estate | 11 BIRTHPLACE (State or foreign country) Waynesboro, Penna. | 12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Clarence Provard

14. MOTHER'S MAIDEN NAME Mary Berncord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO 160-03-1663 | 17 INFORMANT & ADDRESS Mary E. Provard, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary sclerosis with acute myocardial failure terminally — INTERVAL BETWEEN ONSET AND DEATH 4½ yrs

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 4½ yrs

19A DATE OF OPERATION. 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C WHERE D.D INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec , 1954, to 20 June , 1955, that I last saw the deceased alive on 19 June , 1955, and that death occurred at 11:30 M. from the causes and on the date stated above.

SIGNATURE F F Lusby M. D. ADDRESS 230 W Potomac DATE SIGNED 21 Jun 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 6-23-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR June 21 1955 | REGISTRAR'S SIGNATURE Ethel H Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son, | ADDRESS Hagerstown

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06007

5990 CERTIFICATE OF DEATH Reg. Dist. No. ... ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN
STREET ADDRESS (If rural give location) RT.#5

3. NAME OF DECEASED: (Type or Print) (First) WILMA (Middle) LEE (Last) REIFF
BABY GIRL

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 19 55

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/23/55
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. 19

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RUBEN K. REIFF
14. MOTHER'S MAIDEN NAME: JULIA SHAFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: RT.#5 MR. RUBEN K. REIFF HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Birth Pressure — Interval Between Onset And Death: 19 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Forceps delivery (difficult)
DUE TO (c) after long labor - Baby Asphyxiated at birth

761.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 7:10 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/25/55 NAME OF CEMETERY OR CREMATORY Rest Haven Memorial Park LOCATION (City, town, or county) Hagerstown (State) Md.

DATE RECD BY LOCAL REGISTRAR June 25, 1955 REGISTRAR'S SIGNATURE Elizabeth Bowers
24. FUNERAL DIRECTOR C. D. Forrest ADDRESS Hagerstown Md.

20 5304406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06008

5991 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 1 mo. 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 529 Reynolds Avenue

3. NAME OF DECEASED: (First) JACOB (Middle) WIENAND (Last) REISNER

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: October 17, 1873

9. AGE last birthday: 81 yrs. 7 Months 21 Days | IF UNDER 1 YEAR Hours | IF UNDER 24 HRS Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft Com.

11. BIRTHPLACE (State or foreign country): Mercersburg, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Reisner

14. MOTHER'S MAIDEN NAME: Augusta Wienand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-09-7452

17. INFORMANT & ADDRESS: J. Henry Reisner Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Cerebral Arteriosclerosis. — 1 year ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1. Arteriosclerotic Heart Disease, uncertain 2. Cholelithiasis and Cholecystitis uncertain

19A. DATE OF OPERATION: May 24, 1955

19B. MAJOR FINDINGS OF OPERATION: Cholelithiasis and Cholecystitis

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1955 to June 8, 1955, that I last saw the deceased alive on June 8 1955 and that death occurred at 11:01 M, from the causes and on the date stated above.

SIGNATURE William T. Layman M.D. (DST) ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland DATE SIGNED 6-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 6/11/55

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: June 11, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons

ADDRESS: Hagerstown, Maryland

06009

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6011

CERTIFICATE OF DEATH

Reg. Dist. No. 323

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Conococheague Md
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md.
STREET ADDRESS (If rural give location) 43 Fenton Ave.

3. NAME OF DECEASED (Type or Print): (First) Oma (Middle) Renza (Last) Rockwell

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 8 1886
9. AGE last birthday: 69 yrs. If under 1 year: Months 2 Days 19. If under 24 hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wolfsville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wolfe
14. MOTHER'S MAIDEN NAME: Mary Florence Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. William Rockwell 323 Wakefield Rd. Hagerstown Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — IMMEDIATE CAUSE	(A)	Uremia	3 weeks
ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B)	Diabetes mellitus	5 Yrs.
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953 to 28 June, 1955, that I last saw the deceased alive on 28 June, 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Williamsport, Md DATE SIGNED 30 June 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 1-55
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR: June 30 1955
REGISTRAR'S SIGNATURE: Leroy M Fockler
24. FUNERAL DIRECTOR: Albert L Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 060110

5992 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
MARYLAND LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 745 Spruce Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 745 Spruce Street

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Belle (Last) Russell

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: January 5, 1864

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 5 Days 18 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarke County, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Boxwell

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Connie Russell, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) DUE TO Arteriosclerotic cardio-vascular

ANTECEDENT CAUSE (B) DUE TO diem — INTERVAL BETWEEN ONSET AND DEATH: 5-6 yrs

DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal pneumonia — 4 days

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1955, to June 23, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 2 15 M, from the causes and on the date stated above.

SIGNATURE Edward L. McD. Watts III M.D. ADDRESS 217 W. Washington DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-26-1955 — NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery — LOCATION (City, town, or county) (State): Perryville, Virginia

DATE REC'D BY LOCAL REGISTRAR: June 25, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06011

5993 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 56YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 950G MAIN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 950G MAIN AVE.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) BEATRICE (Last) SANDYERS
4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 19 55
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7/13/1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even though retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM A. PUTNAM
14. MOTHER'S MAIDEN NAME: CLARA BELLE GREEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MRS. ELIZABETH HOOVER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary occlusion — 1/2 hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary heart disease — 3 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1955, to 25 Jun, 19 55, that I last saw the deceased alive on 22 Jun, 19 55, and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE Edward Hoverland (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 6/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/27/55 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR June 27, 1955 REGISTRAR'S SIGNATURE John H. Bowers

24. FUNERAL DIRECTOR C. W. Normutt ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06012

5994

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 4 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) RFD 3 (OUT JAMES VILLAGE)

3. NAME OF DECEASED (Type or Print): (First) BABY GIRL (Middle) (Last) SCHAMEL

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JUNE 30 '55

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 4 / Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE C. (CORRY) SCHAMEL, III

14. MOTHER'S MAIDEN NAME: MILDA EILEEN RONK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RESPIRATORY FAILURE — Interval between onset and death: 4 HRS.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) IMMATURITY OF LUNGS

(c) PREMATURE BIRTH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JUNE 30, 1955, to JUNE 30, 1955, that I last saw the deceased alive on JUNE 30, 1955, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE: Wm. K. De... (Degree or title) — ADDRESS: 191 Hagerstown, Md. — DATE SIGNED: June 30, 1955

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF JULY 1, 1955 — NAME OF CEMETERY OR CREMATORY GREENLAWN CEM. — LOCATION (City, town, or county) (State) WILLIAMSPORT, MD.

DATE REC'D BY LOCAL REG. June 30, 1955 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Alfred R. Leaf — ADDRESS Williamsport, Md.

44-4

06013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5995

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Hagerstown; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 27 Madison Avenue

3 NAME OF DECEASED: (First) Andrew (Middle) Ritter (Last) Shank

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 6, 1885

9 AGE Last birthday 69 yrs. IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min

10A USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Foreman

10B KIND OF BUSINESS OR INDUSTRY City St. Dept.

11 BIRTHPLACE State or foreign country) Washington Co. (Old Forge)

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Xevarius Shank

14. MOTHER'S MAIDEN NAME: Anna Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Andrew R. Shank, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 dys

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Hypertensive Cardiovascular disease — 4 months certain

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH A. Arteriosclerotic heart disease — 4 months certain; B. Arteriosclerosis, generalized and arteriolar nephrosclerosis. — 4 months certain

19A DATE OF OPERATION No

19B MAJOR FINDINGS OF OPERATION

20 AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28 1955 to June 17, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 5:55 A M. (DST) from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 16 Professional Arc. Bldg. M. D Hagerstown, Maryland DATE SIGNED 6-17-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6-20-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR June 20, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons

ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06014

5996 **CERTIFICATE OF DEATH** Dr Keadle Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (In this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 632 Guilford Ave

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HERSHELL (Last) SHOCKEY Sr.

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 25 1903	52 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Store Keeper	P.E. Company	Berkeley Springs W. Va.	USA

13. FATHER'S NAME: Charles H. Shockey

14. MOTHER'S MAIDEN NAME: Ellen Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	—	214-10-4646	Mrs Kathryn Shockey

3

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Malnutrytion — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Linnitis plastica — 9 months +
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
November 1954	Linnitis plastica	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1955, to death, that I last saw the deceased alive on 6-30, 1955, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Robert F. Keadle M. D. ADDRESS Hagerstown DATE SIGNED 7-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/3/55	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1955	Chas H. Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06015

5997 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH INDELIBLE INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND LENGTH OF STAY (In this place) 55 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 120 Randolph Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Titian (Last) Shrader

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY: Refrigerator

11. BIRTHPLACE (State or foreign country): Greencastle Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Shrader

14. MOTHER'S MAIDEN NAME: Martha B. Knipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-16-2151

17. INFORMANT & ADDRESS. Mrs. Louisa Shrader Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of lower sigmoid-Metastasis to liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

ANTECEDENT CAUSE (B) DUE TO Perforation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ~~Rupture~~ of colon, generalized peritonitis — 1 day

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 May, 1955, to 1 June, 1955, that I last saw the deceased alive on 1 June, 1955, and that death occurred at 8:32 P M, from the causes and on the date stated above.

SIGNATURE F. F. Lusby M.D. ADDRESS 230 N Potomac DATE SIGNED 3 June 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-5-55 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: June 3, 1955 — REGISTRAR'S SIGNATURE: Stuart H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06016

5998 CERTIFICATE OF DEATH Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 8 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Carlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle
STREET ADDRESS (If rural give location) 43 East Madison St.

3. NAME OF DECEASED: (Type or Print) (First) Mae (Middle) Picking (Last) Stickell
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 2 1892
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Franklin Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Picking
14. MOTHER'S MAIDEN NAME: Lydia Heffar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Nine
17. INFORMANT & ADDRESS: Jm. Howard Stickell, Greencastle, Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] DUE TO — Interval Between Onset And Death: 1 wk

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] DUE TO — 6 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. [illegible], 19.5[illegible], to June [illegible], 19.5[illegible], that I last saw the deceased alive on June [illegible], 19.5[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE G. B. Swollen (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 8, 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Greencastle, Franklin Co Penna

DATE REC'D BY LOCAL REGISTRAR June 6. 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Harold M. Zimmerman ADDRESS Greencastle, Pa

Dr Hirshman

06017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5999

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Item 16, Film 6183 7-11-55 et

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 643 So. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown C.3
STREET ADDRESS (If rural give location) 643 So Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) ELIZABETH (Last) STONEBURNER

4. DATE OF DEATH: (Month) (Day) (Year) June 24 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 18 1898
9. AGE last birthday 57 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Browntown Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asbury Beans
14. MOTHER'S MAIDEN NAME: Louisa Larlowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-09-3430 None
17. INFORMANT & ADDRESS: Fremont E. Stoneburner

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 151X (A) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: Nov. 1954

ANTECEDENT CAUSE (B) DUE TO: Broncho pneumonia. — .1954

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 Dec. 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma - Stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1940, to June 24, 1955, that I last saw the deceased alive on June 23rd, 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Percy J. McSlarrow M. D. ADDRESS Hagerstown Md DATE SIGNED 6/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/26/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE RECD BY LOCAL REGISTRAR 27,1955
REGISTRAR'S SIGNATURE Chas H. Boevers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. GRAFF

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06018

6012

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO
MARYLAND LENGTH OF STAY (in this place) 3 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WAYNESBORO R.F.D. 3
STREET ADDRESS (If rural give location) 113 GARFIELD ST.

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) R. (Last) STONER

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JANUARY 11 1875
9. AGE last birthday: 80-4-28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): LANCE FRED. CO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL BERKLITE
14. MOTHER'S MAIDEN NAME: LUCINDA BUHRMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: ERVIN D. STONER WAYNESBORO PENNA.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: hrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis - glo. — yrs. 1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 55, to June 9, 19 55, that I last saw the deceased alive on June 8, 19 55, and that death occurred at 3.15 A-M, from the causes and on the date stated above.

SIGNATURE Louis E. Grove M. D. ADDRESS 119 E. Antietam St DATE SIGNED 6/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: JUNE 11-1955
NAME OF CEMETERY OR CREMATORY: GREEN HILL CEMETERY
LOCATION (City, town, or county) (State): WAYNESBORO PENNA.

DATE REC'D BY LOCAL REGISTRAR: June 11, 1955
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: WALTER Y. GROVE
ADDRESS: WAYNESBORO PENNA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06019

6370 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown; MARYLAND LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9/ Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 223 East Irvin Ave.

3. NAME OF DECEASED: (Type or Print) (First) KENNETH (Middle) GORDEN (Last) STONER

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1955

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: August 24, 1903

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS: 51 yrs Months 10 Days 6 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Supervisor

10B. KIND OF BUSINESS OR INDUSTRY: Nat, Rehabilitation Association

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis B. Stoner

14. MOTHER'S MAIDEN NAME: Ada K. Lesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT & ADDRESS: Mrs. Kenneth G. Stoner Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) DUE TO	Acute coronary occlusion	Minutes
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Hypertensive vascular disease	Years 5±
	(C)	Arteriosclerotic heart disease	Years 1±

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30 19 55, to 3:00-4:00 P.M. 19 , that I last saw the deceased alive on June 30, 19 55, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M.D. ADDRESS Hagerstown Md DATE SIGNED 7/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/2/55; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR July 1, 1955; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06020

Item 3: File G183 6-30-55L 6901

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Jefferson
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charles Town, W. Va. R.F.D. 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ~~JACK~~ John (Middle) (Last) WASHINGTON WALTERS, SR.

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR, Months / Days; IF UNDER 24 HRS., Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Bradford, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Walters

14. MOTHER'S MAIDEN NAME: Ellen Double

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Jack W. Walters, Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Lung Metastasis to Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2/55 19 , to 6/22/55 19 , that I last saw the deceased alive on 6/22/55 19 , and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE L. F. Young ADDRESS M. D. Williamsport, Md. DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6-25-55 — NAME OF CEMETERY OR CREMATORY: Glenville, Cemetery — LOCATION (City, town, or county) (State): Glenville, W. Va.

DATE REC'D BY LOCAL REGISTRAR: June 23, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

06021

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6013 CERTIFICATE OF DEATH

Reg. Dist. No. 323

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLEAR SPRING
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEAR SPRING
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) GEORGE WESLEY (Middle) (Last) WIDMYER

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWER

8. DATE OF BIRTH: AUG. 24 1874

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILSON WIDMYER

14. MOTHER'S MAIDEN NAME: ANNA FAULKWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: [illegible]. A. ETHEL WIDMYER CLEAR SPRING

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Chr. Valvular Dis of Heart — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arterial Sclerosis — 5 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1955, to June 18, 1955, that I last saw the deceased alive on June 18, 1955, and that death occurred at 11 A. M., from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 6/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 6-21-55 — NAME OF CEMETERY OR CREMATORY ROSE HILL Clear Spring — LOCATION (City, town, or county) CLEAR SPRING (State) MD

DATE REC'D BY LOCAL REGISTRAR June 20-55 — REGISTRAR'S SIGNATURE Joseph W. Murray

24. FUNERAL DIRECTOR A.H. ROWLAND — ADDRESS CLEAR SPRING, MD.

06022

MARYLAND STATE DEPARTMENT OF HEALTH

6014

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Creek Bridge Conococheague Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 41 Fenton Ave

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Barnett (Last) Young

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 13, 1889

9. AGE last birthday: 65 yrs. If under 1 year: Months 11 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Beaver Creek

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Young

14. MOTHER'S MAIDEN NAME: Alfreda Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-14-1289

17. INFORMANT AND ADDRESS: Harriet S. Young- Williamsport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute coronary Thrombosis — Interval Between Onset and Death: 5-10Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at work ☐ / Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) J. Robert Mello M.D. | ADDRESS DEPUTY MEDICAL EXAM. WASH. CO., MD. Hagerstown, Md. | DATE SIGNED June 26 '55

BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 6/28/55 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. June 27 55 | REGISTRAR'S SIGNATURE E Lee McElroy | 24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport, Md.

VS. A15A